DOCUMENT RESUME

ED 292 042 CG 020 649

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TITLE Understanding Adolescent Contraceptive Choice: An Empirical Test.
SPONS AGENCY National Inst. of Child Health and Human Development (NIH), Bethesda, Md. Center for Population Research.
PUB DATE Aug 87
NOTE 9p.; Paper presented at the Annual Convention of the American Psychological Association (95th, New York, NY, August 28-September 1, 1987).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Adolescent Development; *Adolescents; Cognitive Development; Cognitive Processes; *Contraception; *Decision Making; *Logical Thinking; Problem Solving

ABSTRACT

Research using expectancy models has shown contraceptive choice among adults to be a rational process in that intentions and behaviors reflect an individual's beliefs, values, attitudes, and perceptions of social norms. This study examined whether such an approach could accurately represent adolescents' contraceptive decision-making. It used the model of reasoned action developed by Fishbein and Ajzen (1980) to examine intention to use each of four methods of birth control (pill, condom, diaphragm, and withdrawal) in the next year. Adolescents (N=505) seeking health care from either a university adolescent medicine clinic or an adolescent clinic of a large health maintenance organization were interviewed regarding their beliefs, values, and intentions regarding contraceptive use. Analyses were performed separately for the four groups of sexually active/inactive males and females. The results support the utility of the model in the adolescent sample. For sexually active and inactive females, beliefs about the consequences of use of each method and evaluations of those consequences were significantly related to subjects' global attitude or overall attitude about using the contraceptive. For males, these relationships were significant for three of the four methods. The findings suggest that adolescents do engage in a rational process in making contraceptive choices and that these relate to their intentions as well as their behaviors. (NB)

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Understanding adolescent contraceptive choice: An Empirical test.

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Presented at the 95th Convention of the American Psychological Association in New York City, August 27 - September 1, 1987.

This research was supported by a grant from the Center for Population Research, National Insitute of Child Health and Human Development

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A number of researchers have shown through the use of expectancy models that contraceptive choices among adults is a "rational" process in that intentions and behaviors reflect an individual's beliefs, values, attitudes, and perceptions of social norms (Jaccard & Davidson, 1972; McCarty, 1981; Pagel & Davidson, 1984; Werner & Middlestadt, 1979). The expectancy model used most often is Fishbein and Ajzen's model of reasoned action (Ajzen & Fishbein, 1980). Expectancy models have not been applied to adolescents, in part because of the perception that adolescent behavior is less guided by such "rational" considerations. The purpose of this research was to determine whether such an approach can accurately represent adolescents' contraceptive decision-making.

It is important to distinguish between rationality, lack of knowledge, and different sets of values. In this context, rationality means that an individual decides to follow a course of action because he/she believes that it will result in positive outcomes. Decisions which appear irrational may be based on nonveridical beliefs. Research has shown that teens do not have accurate knowledge of their own reproductive physiology, nor of contraceptives (for review, see Morrison, 1985); thus, they often may hold erroneous beliefs concerning contraception. Furthermore, there may be considerable differences between adults and adolescents in the values associated with various outcomes or consequences of contraceptives. For example, a higher value may be placed by adolescents on not wanting to look "ready" for sex, or not wanting to use something "unnatural" or something that would affect their appearance than on avoiding conception. Although adolescents may have different beliefs and values than adults, to the extent that teens act on the basis of what they believe to be true, they would be behaving in a "rational" way. This has implications for intervention. If the model is supported, it suggests that educational efforts aimed at nonveridical but influential beliefs would be effective.

This research used the model of reasoned action developed by Fishbein and Ajzen to examine intentions to use each of four methods of birth control (pill, condom, diaphragm, and withdrawal) in the next year. According to this model, behavioral intentions are predictive of subsequent behavior. Intentions to engage in a specific behavior is a function of the individual's attitudes towards engaging in the behavior and his/her perceptions of the social norms surrounding the behavior. Attitude toward the action is a function of the consequences the individual believes will occur by engaging in the behavior and the values associated with those consequences. Social norms are comprised of what the individual believes others want him/her to do with regard to the behavior and his/her motivation to comply with those persons' wishes.

It was hypothesized that adolescents' intentions to use each of the four contraceptives in the next year (if they were to have intercourse) would be associated with their attitudes about using

the method of birth control in question and their perceptions of the social norms associated with using the contraceptive.

METHODS

Adolescents seeking health care from either of two clinics (one a university adolescent medical clinic, one an adolescent clinic of a large Health Maintenance Organization) were interviewed regarding their beliefs, values, and intentions regarding contraceptive use. Subjects were excluded if they were married, pregnant, non-English-speaking, developmentally delayed, or presented with a major psychosocial problem. A total of 505 adolescents participated in the study, 344 females and 161 males. 68% of the females and 56.5% of the males had experienced their sexual debut.

Intentions to use each of the four contraceptive methods, if they had intercourse in the coming year, were measured on 7-point semantic differential scales ranging from very unlikely (-3) to very likely (3). Attitude toward using each contraceptive method in the coming year was measured on scales ranging from very bad (-3) to very good (3). Perceived social norms were measured on scales ranging from the perception that people who were important to the adolescent thought they definitely should not (-3) to definitely should (3) use each method if they were to have intercourse in the next year. Based on our pilot research and culled from the literature, a list of 25 consequences of contraceptive use was developed. The respondents rated each consequence in terms of its effect were it to occur (good to bad) and the likelihood that each would occur if the particular contraceptive was used. Similarly, a list of referents was developed and rated in terms of their perceived wishes regarding use of each method and the adolescent's desire to comply with the referent's wishes.

RESULTS AND DISCUSSION

Separate analyses were done for each method. Behavioral intention regarding use of each method was regressed on attitude towards use of that method and social normative perceptions regarding its use. The global measure of attitudes and of social normative perceptions were, in turn, related to beliefs about the consequences of using each method and values associated with those consequences, and to perceptions of individual's wishes for their behavior and their motivation to comply with those wishes, respectively. Analyses were performed separately for the four groups of sexually active/inactive males and females because it seemed likely that important differences may exist concerning knowledge, attitudes, and social norms in the different groups and the association of these to intentions and behavior.

Results support the utility of the model in our adolescent sample. For females, both sexually active and inactive, beliefs

about the consequences of use of each method and evaluations of those consequences (summed to form the "calculated" attitude) were significantly related to their global attitude or overall attitude about using the contraceptive.

Table 1

Attitudes Towards Contraceptives

Correlations between global and calculated scores

	FEMALES		MALES	
	sexually active	sexually inactive	sexually active	sexually inactive
PILL	.42	.46	.26 (p=.01)	.47
CONDOM	.26	.50	.36	.55
DIAPHRAGM	.21	.51	.08 (ns)	.25 (ns)
WITHDRAWAL	.27	.34	.24 (p=.02)	.27 (p=.04)
N	(200-225)	(90-102)	(59-83)	(34-55)

*all p < .001 unless otherwise noted

For males, these relationships were significant for the pill, condom, and withdrawal, but not for the diaphragm[1].

For all four groups and all four methods, the summed perceptions about the desires of individual referents and motivation to comply with the social norms were significantly related to an overall estimate of social normative pressure to use each of the four methods, that is, the global social norm regarding use of the contraceptive.

[1] This indicates that adolescents' general attitudes and

perceptions relate to their beliefs and values regarding the consequences of using the various contraceptive methods.

Table 2

Social Norms Re Contraceptives

Correlations between global and calculated scores

	FEMALES		MALES	
	sexually active	sexually inactive	sexually active	sexually inactive
PILL	.68	.69	.71	.76
CONDOM	.58	.65	.59	.82
DIAPHRAGM	.67	.83	.61	.68
WITHDRAWAL	.79	.66	.81	.83
N	(200-225)	(90-102)	(59-75)	(34-55)

*all $p < .001$ unless otherwise noted

In a critical test of the model, attitude toward and perceived social norms about using the method were found to be significantly related to intention to use the method for all four methods for females (multiple Rs ranging from .51 to .78).

Table 3

Behavioral Intentions Regressed on Attitudes and Social Norms

(Multiple R)

	FEMALES		MALES	
	sexually active	sexually inactive	sexually active	sexually inactive
PILL	.78	.62	.41	.50
CONDOM	.55	.65	.43	.78
DIAPHRAGM	.51	.70	.43	.13 (ns)
WITHDRAWAL	.68	.71	.68	.58
N	(200-225)	(90-105)	(59-83)	(34-55)

*all $p < .001$ unless otherwise noted

For males, the components of the model were significantly related to behavioral intention for all methods but the diaphragm (multiple Rs ranging from .41 to .78). For the diaphragm, there was a significant relationship for sexually active males but not for the inactive males.

Having shown that behavioral intention is significantly associated with attitudes and percieved social norms, it was then important to determine that one's intention to use a method was associated with actual use over the subsequent year. Among the sexually active females, significant associations were found for all methods, although the strongest relationship was for the pill.

Table 4

Correlations between Contraceptive Intentions and Contraceptive Use

	FEMALES	MALES
PILL	.40***	n.s.
CONDOM	.29***	.32**
DIAPHRAGM	.23**	.27*
WITHDRAWAL	.19**	.32**
N	(167-176)	(45-63)

* p < .05
** p < .01
*** p < .001

This is not surprising since the pill is coitus-independent and thus is the method over which the female has the greatest independent control. Among sexually active males, although no association was found between intentions and behavior regarding partner's pill use (over which the male has little control), significant associations are obtained for the other three methods. Thus, the current research demonstrates that, in general, adolescents do follow through on their behavioral intentions regarding contraceptive use and that theses intentions in turn reflect rational considerations of costs and benefits.

These results suggest that adolescents do engage in a rational process in making contraceptive choices and that these relate to their intentions as well as their behavior.

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